UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No.: First Named Inventor: Title:

558-7(b)

James P. Sharkey

METHOD AND APPARATUS FOR REMOVING PARTICULATE CONTAMINANTS FROM

(Only for new nonprovisional application under 37 CFR 1.53(b)				Express Mail Label No.:			COMMERCIAL LAUNDRY EV 171220395 US				s. P 058	
APPLICATION ELEMENTS See MPEP chapter 6000 concerning design patent application contents				ADDRESS TO: Commissioner for Patente					7497 10/752			
1.	×	Fee Trans	smittal Form (e.g. PT riginal, and a duplicate fo	O/SB/17) r fee processing)		7.		CD-ROM or CD-I Computer Progra	R in duplion (Appei	cate, la	arge table	e or
2.	⊠ ⊠	See 37 CFR				8.		_				
3.	Specification [Total Pages (preferred arrangement set forth below, MPEP 1503.01) - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix						a. ☐ Computer Readable Form (CRF) b. Specification Sequence Listing on					
		- Backgro	Background of the Invention Brief Summary of the Invention Brief Description of the Drawings Detailed Description Claim(s)				ACCOMPANYING APPLICATION PARTS					
		 Brief Desc Detailed [Claim(s) 		s (if filed)		9. 10.		37 CFR 3.73(b) Statement ☐ Power of				• ` ′′
4.	×	- Abstract of the Disclosure				11.		(when there is an assignee) Attorney English Translation Document (if applicable)				
5.	☐ Oath or Declaration [Total Pages 2]				12.		Information Disclosure Copies of IDS Statement (IDS) PTO-1449				IDS	
	a. b.	Cop a. D C S in	by from a prior application DELETION OF INVEN Signed statement attact Enventor(s) named in the TOTAL CONTROL OF THE STATE TOTAL OF THE STATE	on (37 CFR 1.63(d) NTOR(S) ched deleting he prior appl., se d 1.33(b)	3(4))	13.	X	Preliminary Amendment				
	D. ,				(a))	14.	\boxtimes	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
					, see	15.		- ·				
6.						16.	i. □ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).Applicant must attach form PTO/SB/35 or its equivalent.				122	
						17.	×					
18.	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:											
	Со	ntinuation	☑ Divisional	□ C	ontinua	ation-ir	1-p	art (CIP) of pric	r applicat	ion No	o. 10/009	.000
Pric	Prior application information: Examiner: Robert J. Popovics Group Art Unit: 1724											
unde	For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.											
				19. CORRE	SPON	NDEN	CE	ADDRESS				
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Name Galgano & Burke												
Add	Address 300 Rabro Drive, Suite 135								-			
City	City		Hauppauge		State			New York Zip Co		de 11788		
Col	Country USA				Telephone			631-582-6161	Fax		631-58	2-6191
Nai	Name (Print/Type) Thomas M. Galgano					Registration No. (Attorney/Agent) 27,6				27,638		
Signature / //////////////////////////////////					Date: ////0 \ 1/6/04							
of time F:\G	Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should the sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231. F:\G&b\558\7b\Div\transmittal.wpd											

PTO/SB/17 (01-03)
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FEE TRANSMITTAL FOR FY 2003

Effective 01/01/200. Patent fees are subject to annual revision Applicant claims small entity status.

See 37 CFR1.27

Application Number: Filing Date: First Named Inventor: Examiner Name: Group Art Unit:

James P. Sharkey	
Robert J. Popovics	
1724	
558-7(b) DIV	

TOTAL AMOUNT OF PAYMENT (\$) 385.00	Attorney Docket No				330-7(b) DIV		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
□Check ⊠Credit □Money □Other □None Card Order	3. ADDITIONAL FEES						
□ Deposit Account: □ Deposit Account Number: 07-0130	Large Entity Small Entity						
Deposit Account Name: Galgano & Burke The Commissioner is authorized to: (check all that apply)	Fee Code		Fee Code		Fee Description		Fee Paid
☐ Charge fee(s) indicated below ☐ Credit any overpayments	1051	130	2051	65	Surcharge - late fi	ling	
Charge any additional fee(s) during the pendency of this application except for issue fee	1052	50	2052	25	Surcharge - late p or cover sheet	rovisional filing fee	
☐ Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.	1053 1805	130 2520	1053 1812	130 2520	Non-English speci For filing a reques		
FEE CALCULATION 1. BASIC FILING FEE	1804	920*	1804	920*	reexamination Requesting public to Examiner action		
Large Entity Small Entity	1805	1840*	1805	1840*			
Fee Fee Fee Code (\$) Fee Description Fee Paid	1251 1252	110 420	2251 2252		Extension for reply	y within first month y within second month	
1001 770 2001 385 Utility filing fee \$ 385.00 1002 340 2002 170 Design filing fee	1253	950	2253			y within third month	
1003 530 2003 265 Plant filing fee	1254 1255	1480 2010	2254	740 1005		y within fourth month y within fifth month	
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SUBTOTAL (1) (\$ <u>) 385.00</u>	1403	290	2403	145	Request for oral h		
	1451	1510	1451	1510	Petition to institute	e a public use	·
2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE					proceeding		
Extra Fee from Fee	1452	110	2452		Petition to revive -		
Claims below Paid	1453	1330	2453		Petition to revive -		
Total Claims 9 - 20** = 0x =	1501 1502	1330 480	2501 2502		Utility issue fee (o Design issue fee	r reissue)	
Total Claims <u>9</u> - 20** = 0x = Independent	1503	640	2503				
Claims <u>1</u> - 3** = 0x =	1460	130	1460		Petitions to the Co	ommissioner	
	1807	50	1807			der 37 CFR 1.17(q)	
Multiple Dependent =	1806	180	1806			ormation Disclosure Str	nt
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Fee Fee Fee Code (\$) Code (\$) Code (\$)	1809	770	2809	385		n after final rejection	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in	1810	770	2810	385	For each additional invention to be examined 37 CFR §1.129(b))		
excess of 3 1203 290 2203 145 Multiple dependent claim,	1801 1802	770	2801		Request for Conti	nued Examination (RCE)
if not paid 1204 86 2204 43 **Reissue independent claims	1002	900	1002	900	Request for expect of a design application	ation	
over original patent 1205 18 2205 9 **Reissue claims in excess of of 20 and over original patent	Other fee (specify)						
ŭ ,							
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above						TOTAL (6)	
. o	*Reduced by Basic Filing Fee Paid						
SUBMITTED BY		, 500		.g	COMPLETE (if appli	cable)	
Name (Print/Type) Thomas M. Galgano	Registration No. 27,638				Telephone: 631-582-6161		
Signature / //////////////////////////////////	1				Date //6/03#		
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